MULTIPLE DEPENDENT CLAIM									SERIAL NO.				FILING	DATE	
FEE CALCULATION SHEET												TILLING DATE			
	(FOR USE WITH FORM PTO-875)								APPLICANT(S)						
Г	CLAIMS														
Γ		AS FILED		AFTER 1"AMENDMENT		AFTER 2 "AMENDMENT			Ī	ASI	FILED	AFTER		AFTER	
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TAL UDGS	5%							TOTAL CLAIMS							
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## Best Available Copy